Complete if Known										
FEE TRANSMITTAL				Application Number		10/648,038				
				Date	Au	August 26, 2003				
						exander E. And	ler E. Andreev et al.			
				iner Name	Mı	Mujtaba M. Chaudry				
☐ Applicant claims small entity status. See 37 CFR 1.27						2133				
TOTAL AMOUNT OF PAYMENT (\$) 790			AILO		00	03-0933/L13.12-0240				
TOTAL AMOUNT OF PATMENT (5) 790				ney Docket Number	er oo	0000/210112				
METHOD OF PAYMENT (Check all that apply)										
□ Check □ Credit Card □ Money Order □ None □ Other (Please Identify): □ Deposit Account. Mame: Westman, Champlin and Kelly. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filling fee □ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments under 37 CFR.1.16 and 1.17 Warring: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
BASIC FILING, S Application Type	SEARCH, AND EXAMINATION FEES FILING FEES EXAMINATION FEES FILING FEES Small Entity Small Entity Small Entity Small Entity Small Entity Fee (S) Fee (S) Fee (S)									
Utility	300 15		250	200	100		Fees Paid (\$) 1000			
Design	200 10	0 100	50	130	65		1011			
Plant	200 10		150	160	80					
Reissue Provisional	300 15 200 10		250 0	600 0	300 0					
2. EXCESS CLAIM I		0 0	U	U	0					
Fee Description	FEES					F	ee (\$)	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200	100		
								180		
Total Claims		xtra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims			
20	- 20 or HP =	0 ×	50 =	0			Fee (\$)	Fee Paid (\$)		
HP = highest number of to Indep, Claims		greater than 20 xtra Claims	Fee (\$)	Fee Paid (\$)		_	360			
	- 3 or HP =	1 ×	200 =	200						
HP = highest number of independent claims paid for, if greater than 3										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets 35	Extra Sh - 100 = 0		er of each ac	Iditional 50 or fra				Fee Paid (\$) = 0		
4. OTHER FEE(S)								Fee(s) Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other: RCE Fee 790										
SUBMITTED BY										
Signature	/David D. Brus	sh/		Registra (Attorne	tion No. y/Agent)	34,557	Teleph	none: 612-334-3222		
Name (Print/Type)	David D. Brush						Date: 5/24/07			
								<u> </u>		